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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/462,650 04/14/2003 *Yes AG 4/12/06*

** FOREIGN APPLICATIONS *****
NONE AG 4/12/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY MI SHEETS DRAWING 36 TOTAL CLAIMS 21 INDEPENDENT CLAIMS 3
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Examiner's Signature *[Signature]* 4/12/06
 Initials

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TITLE
 Surgical irrigation pump and tool system

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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